

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/578734

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		2		/		
4		0		/		
5		0		/		
6		0		/		
7		0		/		
8		0		/		
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44	/		/			
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47		0		/		
48		0		/		
49		0		/		
50		0		/		
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	/		/			
52		/		/		
53	/		/			
54		/		/		
55		2		/		
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97						
98						
99						
100						
TOTAL IND.		↓	6	↓		↓
TOTAL DEP.	←		52	←	←	
TOTAL CLAIMS			58			